Global Fund Grant Cycle 8: Intensifying Private Sector Engagement

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Global Fund investments in PSE in TB

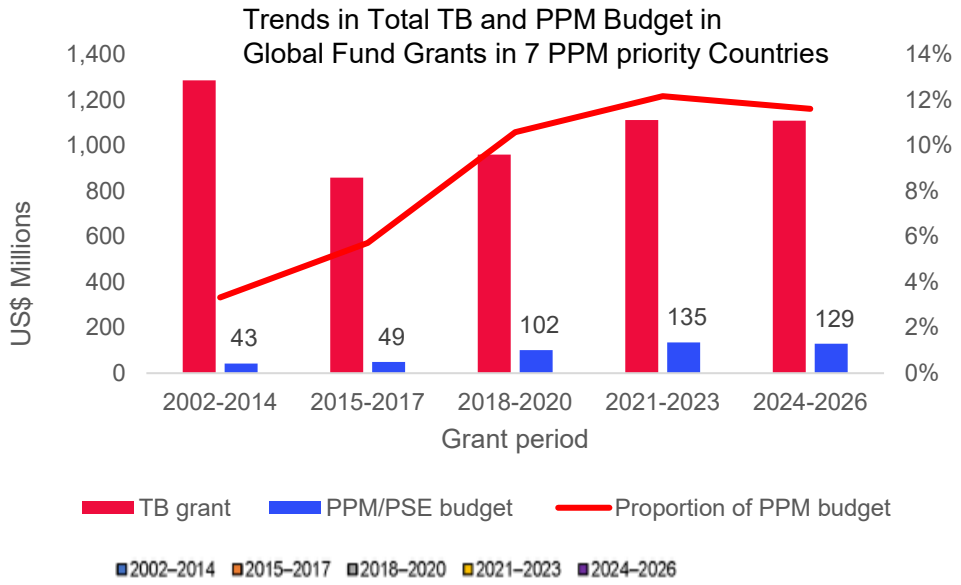

Table 3. Total TB grant, budget for PPM and contributions of PPM to national TB notification targets, 2021–2023.

Country	Total TB grant/budget (USD)	Budget for PPM (USD)	PPM budget %	TB notification target	PPM contribution to notification target	PPM contribution to target %
Bangladesh	121,767,021	15,615,893	13	894,117	219,960	25
Ethiopia	56,893,736	1,774,351	3	366,422	76,751	21
India*	273,582,332	7,582,474	3	6,750,000	2,824,239	42
Indonesia	170,000,000	14,096,111	8	2,264,005	725,314	32
Kenya	64,694,297	3,547,036	6	299,774	83,890	28
Myanmar	99,126,255	24,998,046	25	418,305	96,441	23
Nigeria	155,561,432	32,457,267	21	609,178	213,212	35
Pakistan	148,048,745	30,526,365	21	1,325,429	481,020	36
Philippines	171,920,126	9,915,062	6	1,471,238	417,841	28
Tanzania	49,088,020	7,262,213	15	286,655	85,997	30
Vietnam	69,884,327	7,531,332	11	398,000	20,070	5
Total	1,380,566,291	155,306,150	11	15,083,123	5,244,735	35

* India's PPM activities (Patient Provider Support Agency) were transitioned to domestic funding during the current grant cycle with reduction in the budget.
PPM = private-public mix.

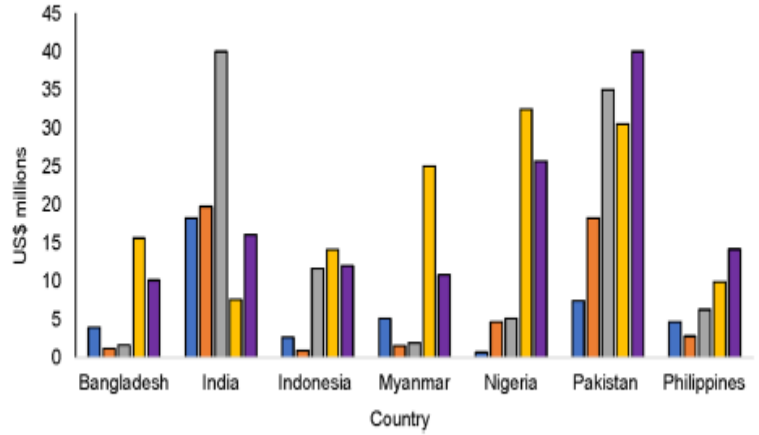

Figure 2. Trends in PPM budget. PPM = private-public mix.

- GF is the main source of international funding for TB and PSE in LMICs
- Investments in PSE have been increasing and contributing to TB notifications and improved treatment outcome
- However, the contribution to notification and budget allocated for PSE are not aligned (35% vs 11%)

Source: Yassin et al, 2024. Leveraging Global Fund's investments to expand innovative public-private provider engagement in TB (https://pmc.ncbi.nlm.nih.gov/articles/PMC11249657/)

Private sector contributions to TB notification in selected high-burden countries

Country	2021	2022	2023	PS's contrib. to notification (2021)	PS's contrib. to notification (2022)	PS's contr. to notification (2023)
Indonesia	96,319	195,826	248,076	22%	27%	31%
Nigeria*	58,219	69,504	108,530	28%	24%	29%
Pakistan	128,290	180,101	215,986	39%	42%	45%
Philippines	70,821	130,567	141,907	22%	25%	25%
Tanzania**	14,894	14,755	14,760	17%	15%	16%

** Source: NTBLCP Nigeria*
*** Source: NTP Tanzania*
Bangladesh is excluded from this analysis because of the lack of verifiable data.
Remaining data is from WHO PPM Dashboard for Pakistan, Philippines and Indonesia.

Financial incentives – efficiency and sustainability

Average incentives per patient diagnosed and successfully treated:

- **$52 in Nigeria,**
- **$27 in Pakistan and**
- **$18 in the Philippines**

Table. Overview of types of financial incentives across the TB care cascade (2021-2023).

Type of provider	Service for which incentives are provided	Incentive amount (US$)	Total count of the service	Total number of providers performing the service	Average number of services per provider per year	Average incentive per provider per service per year (US$)
		Nigeria				
Patent medicine vendor (PMV)[A]	Referral	1.22	577,252	6,605	29	36
PMVs	Confirmed TB case from referral	12.17	53,034	2,565	7	84
Clinician/Medical Officer	Treatment initiation	7.30	30,860	1,905	5	39
Radiographer	Chest Xray	14.60	30,275	499	69	295
Hub (PFP, FBO)	Treatment monitoring	7.30	58,726	1,905	10	75
Hub (PFP, FBO)	Treatment success with AFB follow-up	0.49	75,505	1,905	13	6.5
Linkage Coordinators	Client linkage	1.22	577,252	430	447	546
Average total incentive per patient diagnosed and successfully treated (referral, confirmed TB case, treatment initiation, chest Xray, treatment monitoring, treatment success, client linkage) $51.62						
		Pakistan				
GP	Case notification with treatment outcome	2.98	414,537	8,610	16	48
Lab technician	AFB slide	1.0	1,910,676	650	979	979
Hospital	Xpert testing (monthly operational cost)	~90		94 hospitals		
Average total incentive per patient diagnosed and successfully treated (microscopy, case notification and treatment outcome) $26.98						
		Philippines				
Private physicians	Notification of TB patient tested with mWDR	4.45	24,867	1,587	5	23
	Treatment outcome	13.34	9,980	388	8.5	112
RX Pass sites	mWDR test	30		103		
Average total incentive per patient diagnosed with mWDR and successfully treated is $17.79						

[A]The total incentive is capped at 7 presumptive referrals per diagnosed TB case.
fit; FBO = faith based organization

Building sustainable TB care systems: managing incentives in private sector engagement

https://journals.theunion.org/content/ijtldo/2/11/626

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Global Fund supported PSE – best practices

Examples

India

- Pilot project (PPIA – BMGF) in 3 cities → adopted (PPSA) and expanded to +100 districts through the GF (JEET - PRs), excellent results → transitioned to domestic funding and sustained

Nigeria

- IHVN (PR) – supports PSE (including drug venders), expanded the service and contributed to increased TB notification including during COVID.

Philippines

- PhilCAT (SR) expanded and strengthened engagement of private providers and improved coverage and quality of services including sample transportation and linkage to treatment

Pakistan

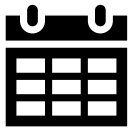
- Mercy Corps (PR), contribute to TB notification, including through deploying screening and wRDTs in private facilities and sample transportation and improved treatment outcome: contribution to national notification 45%, with excellent treatment outcome (TSR >90%)

Vietnam

- PPM 5 - intermediary agencies facilitate engagement of private providers – improved screening, testing (2X) and treatment outcome

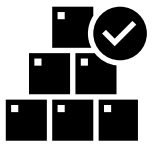
Grant Cycle 8 (GC8)

Strategic shifts and adaptations



- **Further prioritizing Global Fund allocations** for the lowest income and highest burden settings;

- **Defined, predictable transition timelines** tailored to national contexts, disease burden and economic conditions;

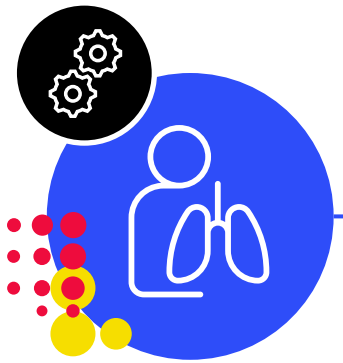


- **Optimized use of all available resources through rigorous programmatic prioritization,** increased co-financing, market shaping, reinforced integration into national health systems, and community systems financing.

https://resources.theglobalfund.org/en/strategic-shifts-gc8/

TB Investment Approach

Examples on TB screening and diagnosis (not exhaustive)



Priorities for Global Fund investments

- Implement screening and diagnostic algorithms that are sensitive, accurate and efficient, such as CXR with CAD/AI for TB screening, rapid molecular test as the initial test for TB
- Prepare for introduction and scale-up of new tools including near-point-of-care tests and alternative sampling techniques recommended by WHO.
- Intensify screening and testing for TB in health facilities, including quality improvement
- Integrate TB services into essential healthcare packages and systems
- Implement targeted active case finding focused on key and vulnerable populations,

Lower priority for Global Fund investments

- Limit the use of sputum microscopy to monitor treatment progress rather than for TB diagnosis
- Limit mass chest camps among the general population or untargeted active case finding interventions, particularly those that have not demonstrated the expected yield of TB cases.

Optimization, efficiency and other considerations

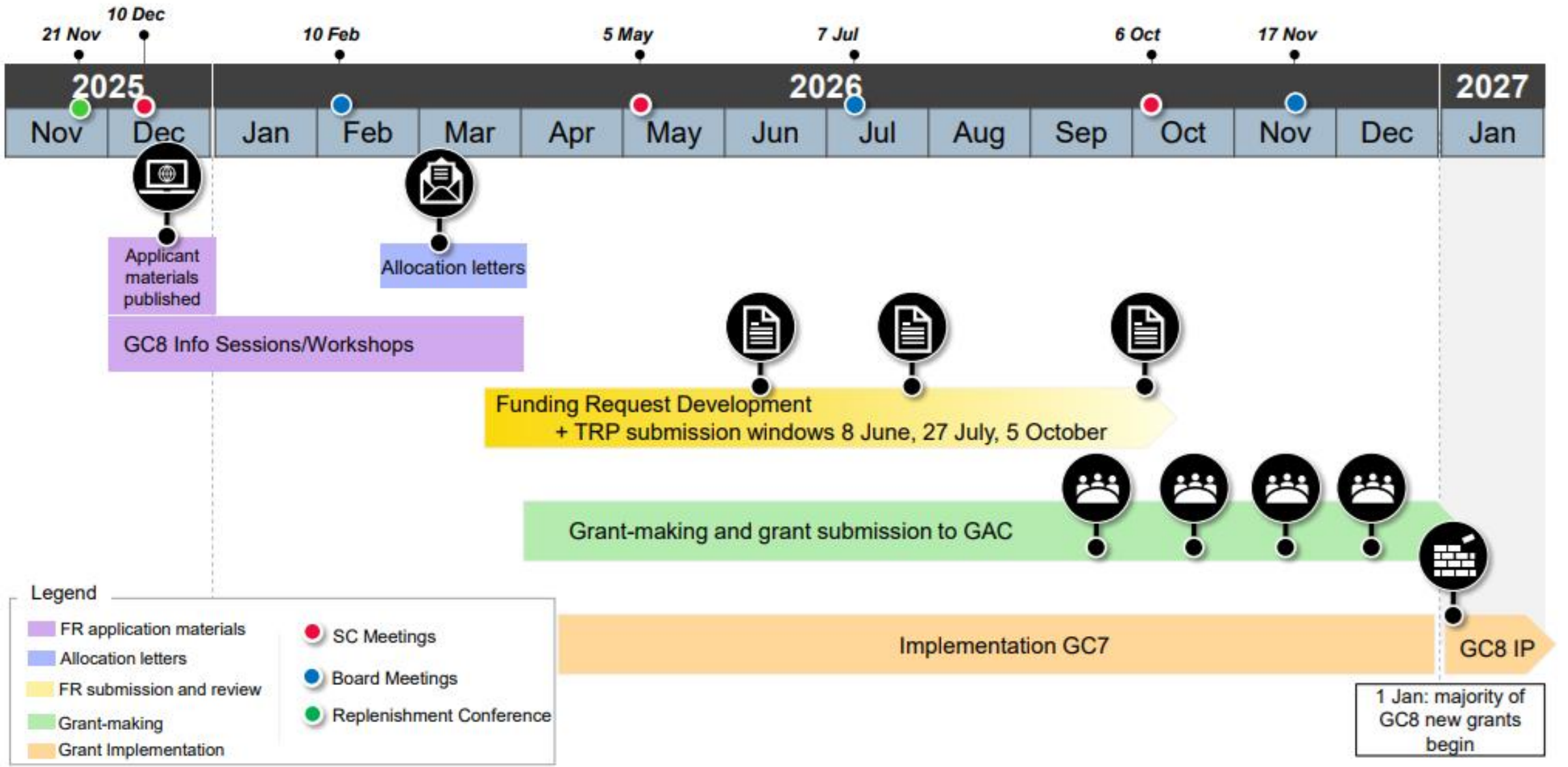
- Consider mapping and targeting high-risk groups and geographic areas with high incidence (“hotspots”) using available data, including vulnerability index.
- Consider options to optimize the use of test cartridges, such as pooling of sputum samples for mWRD tests and upfront use of x-rays (with CAD) for TB screening.

Examples of prioritization for GC8

(not exhaustive)

Topic	Priority intervention	Lower priority
Screening & Diagnosis	• CXR, CAD/AI, mWRD, **nPOC,** LF-LAM • Integrate TB into PHC packages & systems • **Sample pooling**	• Sputum microscopy for diagnosis • Non-performing ACF campaigns
Treatment	• DS-TB: 2HRZE/4HR, 2HRZ(E)/2HR • DR-TB: 6-month BPaLM, **BDLLfxC**	• DSTB: 2HPMZ/2HPM for people ≥12 yrs • **DR-TB: 9-m BLMZ, BLLfxCZ and BDLLfxZ**
Prevention	• Antigen-based TB skin test • TPT for children ≤ 5 years and PLHIV • Preparation for TB vaccine introduction	• Interferon-Gamma Release Assay tests • TBI testing and TPT for household contacts and other risk groups
Strategic Information	• Real-time, digital case-based TB surveillance system strengthening, interoperability • Routine and periodic data analysis & use	• Only in **exceptional circumstances:** TB prevalence surveys, household cost surveys, KAP surveys, operational research
Crosscutting	• Included in KVP: people in fragile and conflict-affected settings, affected by extreme weather events & climate impacts • Health products: use standardized product specifications, optimize procurement channels	• Purchase of vehicles and non-essential equipment, renovations, international conferences, commemorative days, generic mass media events. Optimize trainings, meetings, supervision.

Grant Cycle 8 Timeline: 2026



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Takeaway messages

- Funding gaps in TB response – further reductions since 2025
- Urgent need to Intensify advocacy for more resources, including from domestic sources and through innovative financing, health insurance/social security schemes
- Available resources and tools should be used efficiently and prioritized based on evidence and local contexts
- Accelerate transitioning to new tools, treatment regimens and approaches, and promote market shaping, private sector and community engagement
- Good country experience and best practices including in PSE should be adopted and scaled up
- Integration of TB services including PSE with other health programs should be accelerated and sustained
- The GF funding and GC8 Strategic Shifts are opportunities to intensify PSE, catalyze and accelerate ending TB

https://www.theglobalfund.org/media/xcqjh1uo/cr_programmatic-efficiency-optimization-tb-response_report_en.pdf

Thank you

The Global Fund to Fight
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